PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

740819-1029

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			16				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/ 6 minus 20= *		* 6	6		(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = */		*/			X42=		OR	X84=	87
MULTIPLE DEPENDENT CLAIM PRESENT								140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2		OTAL		OR	TOTAL	834
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							s	MALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\	(\$ 9=		OR	X\$18=	
	Independent	*	Minus *** F MULTIPLE DEPENDENT (CLAIM	=	>	<42=		OR	X84=	
	THOTFILOL	INTATION OF MIC	DETIFIED DEF	LINDEINI	CLAIIVI		¹ ₊	140=		OR	+280=	
							ADE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
						(Column 3))(1. 1 CC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] >	(\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		< 42=		OR	X84=	
	THIOTPHEOL	IVIATION OF MIC		LINDLINI	OLANIVI		, +	140=		OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
	in the	(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] ×	(\$ 9=		OR	X\$18=	
	Independent	* INTATION OF MI	Minus	***	CL AIRA	=		(42=		OR	X84=	
Ц.	LINOI PRESE	INTATION OF MU	JETTE DEF	-CINDEN I	CLAIM		┛ <mark>┟</mark> ၞ	140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												